## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
ESAFund		C C00489856
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Red Eagle Media Group		Date of Public Distribution/Dissemination
		01 27 2016
Mailing Address 815 Slaters Lane		Amount
City State	Zip Code	2900.00
	22314	Transaction ID : SE.6444  Date of Disbursement or Obligation
Purpose of Expenditure media production	Category/ Type	Date of Disbursement of Obligation
Name of Federal Candidate	Support Of	ffice Sought: House District:
Bernard Sanders		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Red Eagle Media Group		01 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 Slaters Lane		Amount
City State	Zip Code	1880.00
Alexandria VA	22314	Transaction ID : SE.6445  Date of Disbursement or Obligation
Purpose of Expenditure research	Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support Of	office Sought: House District:
Bernard Sanders	X Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
•		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	4780.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		· · · · · · · · · · · · · · · · · · ·
Nancy H. Watkins [Electronic Signature	ically Filed] Date	01 28 2016
Signature		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
ESAFund	C C00489856	
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Willis Felton of Richmond, Inc.	ate of Public Distribution/Dissemination	
Mailing Address 804 Moorefield Park Drive	01 27 2016	
Suite 200	mount	
City State Zip Code	50400.00	
D	ransaction ID : SE.6439 late of Disbursement or Obligation	
Purpose of Expenditure media placement Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office So	ought: House District:	
Perpend Senders	esident Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought  Disburse 2016	ement For:	
Full Name of Payee	Date of Public Distribution/Dissemination	
	M M / D D / Y Y Y Y	
Mailing Address		
	mount	
City State Zip Code		
	Date of Disbursement or Obligation	
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office Sc	ought: House District:	
	resident Senate State:	
Calcindar Toda To Bato	ement For: Primary General	
Per Election for Office Sought	Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	50400.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	55180.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.		
Nancy H. Watkins [Electronically Filed] Date 01	28 2016	
Signature		